

AFFIDAVIT

**ATTESTING TO THE USE OF PUBLIC RECORDS IN COMPLIANCE WITH
K.S.A. 45-230, AS AMENDED**

I have requested that the Kansas Department of Labor Division of Workers Compensation provide me with a list of names, addresses and/or other contact information of persons, businesses or organizations taken from or otherwise contained in public records subject to the Kansas Open Records Act (KORA), K.S.A. 45-215 et seq.

Pursuant to K.S.A. 45-220(c)(2), and amendments thereto, I hereby affirmatively state that I have read, understand and agree to comply with all the provisions of K.S.A. 45-230, as amended, and I do hereby promise and state that I will not: (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (B) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

Information requested: _____

Signature

Date

Name (please print)

Mailing Address (Street or PO Box)

Title

(City, State, ZIP)

Company Name

Phone Number

E-mail Address

State of Kansas, County of _____

BE IT REMEMBERED, that on this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said county and state, came the above named individual, to me personally known to be the same person who signed, acknowledged and agreed to the foregoing instrument of writing and duly acknowledged that he understood and executed the same as of the date above written.

Notary Public _____ Commission expires _____